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FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ' | (See instruction | | N | | | | | 04 | | alı. | | | |
|---------------------------------|-------------------------|----------------------------|--------------|---|-------------------------|---------|--------|------------|------|--------------|-------------------|----------|-----|----------|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Exar over | nple: If typyi the lines | ng, type | [| 12FE | 4M5 | Oili | ce use o | Tily . | | | _ |
| FREEDOM'S [| PEFENSE FUND | | | | | | 1 1 | | | | | | | . 1 |
| 1 | | | | | | | | | | | | | | . I |
| | | - 15th Street NW | | | | | | | | | | <u> </u> | | |
| ADDRESS (number and | street) Suite | | | | | | | | 1 1 | | 1 1 | | | |
| (Check if addr is changed) | ress | HINGTON | | | | | рС | | L | 200 | 05 – | ш Ц | | <u> </u> |
| | | | CITY | | | S | ΓΑΤΕ. | • | | ZI | P COD | E 📥 | | |
| COMMITTEE'S E-MA scott@FECrep | | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | щ | | \sqcup |
| | | | | | | | | | | | | ш | | _ |
| COMMITTEE'S WEB | PAGE ADDRESS (U | RL) | | | | | | | | | | | | |
| | | | | | | | | | | | | ш | | Ш |
| | | | | шш | | ш | ш | | 1 1 | 11 | 1 1 | Щ | ш | Ш |
| COMMITTEE'S FAX N 3202159596 | NUMBER | J | | | | | | | | | | | | |
| 2. DATE M 0 4 | M / D D / Y | 2008 | | | | | | | | | | | | |
| 3. FEC IDENTIFICA | ATION NUMBER | C | C 000 | 401786 | | | | | | | | | | |
| 4. IS THIS STATEM | MENT X NEW | / (N) OR | | AMEN | DED (A) | | | | | | | | | |
| I certify that I have exam | ined this Statement and | to the best of my know | vledge an | d belief it is t | rue, correc | t and c | omplet | e | | | | | | _ |
| | _ | SCOTT B MACKE | NZIE | | | | | | | | | | | |
| Type or Print Name of | Treasurer | COTT D MACKE | .1421L | | | | | | | | | | | |
| Signature of Treasure | r Electronically File | d by SCOTT B N | MACKE | NZIE | | Da | te | 0 4 | M / | 0 | 8 / | Y Y 2 | 0 0 | 8 |
| NOTE: Submission of fa | | nplete information may | - | | _ | | | • | | of 2 U.S | .C. S43 | 7g. | | |
| Office Use Only | | | | For further Federal Elec Toll Free 80 | ction Comn 0-424-953 | nission | | | | FEC (Revi | FOF | | 1 | _ |

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|----|--------------------------------|--|---|
| 5. | TYPE OF COM | MMITTEE (Check One) | |
| | (a) (b) | This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) | the candidate |
| | Name of Candidate | | |
| | Candidate Party Affiliation | Office Sought: House Senate President | State District |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | | |
| | (d) | This committee is a (National, State (or subordinate) committee of the | (Democratic, Republican,etc.) Party. |
| | (e) | This committee is a separate segregated fund | |
| | (f) X | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. | ed fund or party |
| 6. | Name of Any | Connected Organization or Affiliated Committee | |
| L | None | | |
| L | | | |
| | Mailing Addres | es <u> </u> | |
| | | | |
| | | | |
| | | CITY A STATE A | ZIP CODE |
| | Relationship | | |
| | Type of Conne | ected Organization: | |
| | Corpo | ration Corporation w/o Capital Stock Labor Organ | nization |
| | Meml | pership Organization Trade Association Cooperative | |

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|-------------------------------------|--|--|--------------------------------|----------------|
| Write or Type Comr | mittee Name | | | |
| FREEDOM'S | DEFENSE FUND | | | |
| | ecords: Identify by Committee books | name, address, (phone number and records. | optional), and position of the | ne person in |
| Full Name | SCOTT B MA | CKENZIE | | |
| Mailing Address | | 1155 - 15TH STREET NW | | |
| | | SUITE 614 | | |
| | | WASHINGTON | DC | 20005 _ |
| Title or Position | ▼ | CITY A | STATE A | ZIP CODE A |
| | TREASURER | | Telephone number | |
| | | dress (phone number optional) of ated agent (e.g., assistant treasurer | | ittee; and the |
| Mailing Address | | 1155 - 15TH STREET NW | | |
| | | SUITE 614 | | |
| | | WASHINGTON | | 20005 |
| Title or Position | ♥ | CITY A | STATE | ZIP CODE A |
| | TREASURER | | Telephone number | |
| Full Name of Designated Agent | | | | |
| Mailing Address | | | | |
| | | | | |
| Title or Position | ▼ | CITY A | STATE A | ZIP CODE A |
| | | | Telephone number | |

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| |

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. **ACCESS NATIONAL BANK 1800 ROBERT FULTON DR** Mailing Address RESTON 20191 STATE **△** CITY 🔼 ZIP CODE A Name of Bank, Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS DR Mailing Address **SUITE 240 FAIRFAX** VA 22030 CITY 🗻 STATE **△** ZIP CODE A

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| INDUSTRIAL BANK | ADDITIONAL] |
|--|--------------|
| INDOSTRIAL BANK | |
| Mailing Address 4812 GEORGIA AVE NW | |
| ivialing Address | |
| - WASHINGTON | 20011 |
| WASHINGTON | 20011 _ |
| CITY A STATE A | ZIP CODE 🛕 |
| | |
| | |
| | |
| Name of Any Connected Organization or Affiliated Committee | |
| | |
| | ADDITIONAL] |
| | ADDITIONAL] |
| | ADDITIONAL] |
| Mailing Address | ADDITIONAL] |
| L, | ADDITIONAL] |
| | ADDITIONAL] |
| Mailing Address Little | |
| L, | ADDITIONAL] |
| Mailing Address Little Address | |
| Mailing Address CITY STATE | |
| Mailing Address CITY STATE Relationship Type of Connected Organization: | ZIP CODE A |
| Mailing Address CITY STATE Relationship | ZIP CODE A |

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| Designated Agent | | [ADDITIONAL] |
|---------------------|--------|--------------------|
| Full Name | | |
| Mailing Address | | |
| Title or Position ▼ | CITY A | STATE A ZIP CODE A |
| | Tel | elephone number |